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Survey Of Women's Knowledge, Attitude And Practice Regarding Prevention Of Common Genital Tract Infection

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Abstract

Genital tract infections are diseases that threaten women's health .thus prevention these infection is very important in the community .As prevention and control of STDs is one of the major g of WHO and considering the increasing prevalence of these in different societies. The need for education and consultation on sexual behaviour and effective prevention of genital tract infectious diseases , especially STDs , Must be considered as the core of any reproductive and sexual health care program This descriptive study carried out to assess knowledge, attitude and practice of women about prevention Genital tract infections (n=305) .the instrument for data collection was a questionnaire . For data analysis, Frequency table ,t-test spearman rank correlation coefficient and ANOVA) were used ($\alpha =0/05$).

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1. Introduction

Genital tract infections are a main reason for women's death during reproductive period. These disease not only cause dangerous risk such as abortion, cervix cancer and premature labor but also cause long term injuries such as

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infertility also increase The risk of AIDS transfusion (Msuya et al ,2002). Wrong knowledge and lack of knowledge about prevention These diseases is a big problem in global health. So That The prevalence of genital tract infections in developing countries is more than developed countries. Totally about 150 million case about genital tract infection occurred in southeast of Asia and 65 million in African countries Annually, and in between females are more likely to catch this disease(Hadi &Perveen,2003). Varieties of infection effect on females genital tract which classified into two categories: 1- diseases That spreads through sexual touch, 2- infection diseases that cause due to natural flour (Ryan ,1999) . The environment of females genital tract is so That are more likely to catch diseases Than males on The other hand as women present in market and work some key changing happen in life style and family pattern . Women are faced to more dangers and tensions so need more health care providing(Smeltzr & Bar, 2000) . so it seems that women s knowledge, attitude and practice in different aspects of reproductive health is necessary. It has been done as a research about knowledge attitude and practice in sexual disease and prevention this disease. on 79 Swedish women in 2002, The results showed that research persons have a highly knowledge about bacterial infection such as Chlamydia but don't have enough knowledge about virus infection. Those persons didn't have suitable practice about sexual disease. at the end researchers suggested educating programs to increase knowledge and change in behavior as it plays an important role in attitude and behavior(Anderson , 2002) .

2. Methods

This study is a descriptive that has been done on women 15- 49 old in health care centre of Kerman city to investigate the attitude knowledge and practice of woman regarding prevention of common genital tract infection. A sample size according to pilot study and with the consideration $\alpha=0/05$, and test power 80% and failed probability of 2%, was about 305 woman that chosen in cluster method and random into 2 levels with brunches of 20 persons totally of 15 health care centre in the city of Kerman. the collection tool was a questionnaire that divided into 4 parts : Demographic information, knowledge, attitude and practice of (4quiz ,20 quiz ,12 quiz, 16 quiz respectively regarding to pretention of genital tract infection. content validity of questionnaire was .94 in order to determine reliability of tool to prove internal consistency, the α -coefficient **Cronbach** was used, reliability was .8. the collection method was face to face interview . in order to score the questionnaire every question was considered yes=1, no=0 ,Don't know=0 and an mean of knowledge was considered as everybody total score, in statement of attitude totally agree=5, agree=4 no idea=3,disagree=2, totally disagree=1 and in statement with negative score it was inversely. In practice statement always done=3, sometimes done=2, never done=1 and mean of practice score is considered as every ones total score. The information was analyzed with statistical software SPSS and for data analysis , frequency, t-test, spearman correlation coefficient, one way analysis of variance (ANOVA) and Tukey test were used($\alpha=5\%$).

3.Results

The results showed that women's score for knowledge was 70% of total score,80% for attitude and 80% for practice. There was a significant correlation between knowledge, attitude and practice ($p<0.01$). The results showed most of investigation samples are in the ages between 26-35 (44/5%) and their education was diploma, spouse diploma and house wife (36.4%) (27.5%) and (73.8%) , respectively. also 45.9% of women declare previous genital tract infection and the biggest source of information was health care centre (19%).In scope of knowledge the score mean was $69\pm 16\%$ and the most correct answers (99%) were about this statement" After infection treatment the couple should obey health rules in order to prevent of reach the infection and the infection and the minimum correct answer (25.2%) was about this statement " long term use of antibiotics makes a person more likely to catch female infection. in attitude part maximum attitude score mean (4.66) was about this statement " punctual treatment of female infection causes health for person , spouse and kids and the minimum attitude score mean (3.18) was about this statement " inspection and sampling of female secretion causes discomfort among women . the attitude score mean was $4.03\pm .36$ In practice part maximum score (2.85) was about this statement " using sanitary napkin and exchange in orderly in menses period and the minimum attitude score (1.77) was about ironing underwear clothes. The mean of this part was $2.46 \pm .23$. the spearman correlation coefficient between knowledge, attitude and performance showed a significant relation ($p<0.01$).In comparison between knowledge

score mean according to age, job, education and spouse education showed a significant statistical difference. The maximum knowledge score mean was in the ages between (26-35), ($p < 0.05$), education ($p < 0.01$), spouse education junior college and higher ($p < 0.01$) and employee in health and treatment ($p < 0.01$). In comparison between attitude score mean according to education, spouse education, job and received previous information a statistical significant difference was observed. So the women that their husbands or they themselves had junior college or higher degree ($p < 0.01$) and employee women in health and treatment ($p < 0.01$). Women that received previous information ($p < 0.05$) achieved higher attitude score mean. In comparison of practice score mean according to age, education, spouse education, job and received information showed a significant statistical difference. The maximum performance score in the ages between 26-35 ($p < 0.05$) and junior college and higher ($p < 0.01$) employment in health and treatment ($p < 0.01$), and people who received previous information ($p < 0.05$) was observed.

4. Discussion

In order to change in people health behaviour through education firstly it is necessary to collect enough information of health behaviour in society (Mohammadi, 2000). The analyzing of beliefs, interests, knowledge and practice of society will show planning educational programs (Helmceresht & Delpisheh, 2000). Result showed most of subjects

had a highly knowledge about genital tract infections. Probably its reason is the development of people information about prevention of genital tract infection and highly emphasize on treatment in recently era (Skat, 2000). Anderson and Milson in a same research 97% of studied units observed a highly knowledge about genital tract infection bacterial infections (Anderson & Milson, 2002). The information of women in this research about some causing factors and treatment of genital tract infection was weak to medium.

Marin, et al (2000) in same study about referring women in *dermo gynecological* clinics in Melbourne understood that 63% of women don't have enough knowledge about genital tract infection (Marin, et al, 2000). In recent study maximum score mean was in ages between 26-35 with junior college and higher. Spouse education junior college and higher and employee in health care. With promotion of education level can be increased interests and favourites to use education sources, previous experience and contribute in educational programs. In Bangladesh a research, was showed the relation between education level and knowledge 'women' (Hadi & Parveen, 2003). Probably the ages between 26-35 for some reason such as higher education level, more experience sexual activity, use more of health and treatment services, had higher score in knowledge. This result is match with (Marin, et al, 2000) and (Stone & Inghum, 2003), and in attitude part most of women had positive view to prevention genital tract infection. The women in recent study claim that genital tract examination is painful and embarrassing. The reason for this idea probably is because of women bad experience from the first examination and don't care emotional need and territory and careless inspector also the culture on the society. Fonck and et al, 2001 in their research in Kenya shame and fear were some banned for treatment in genital tract infection. Maximum attitude's score was about junior

college and higher, spouse education junior college and employee in health care. It can be viewed that women's attitude is effected by job, education level and their spouses. On the other hand more knowledge causes favourable

attitude. The UNISCO claim that education and teaching are important factors in changing attitude and people's idea upon reproductive health (Fonck et al, 2001). In part of practice totally the women have good practice. But their practice about performing some health behaviour such as periodic examination, women and spouse treatment was not good. Probably the reason were these condition of economic, social, cultural, sexual difference, behaviour patterns, inequality about men and women in society. In (Marin et al, 2000) research 68% of women had no good behaviour. It is recommended education is necessary also the women in 26-35 age had good performance score. In Marin there was a significant relationship between age and practice, that is match with the result of this study. The women that they themselves or their spouse had junior college or higher education or employed in health care centre had better practice score mean. It seems that according to higher knowledge and their better attitude these results were not unexpected. It should be noted that for all women and men the health reproductive guarantee is more important and this case related to their education and change in their knowledge, attitude and their behaviour (Shadpor, 2000). The result of recent study showed a significant relation between knowledge and attitude. The result of Clark et al, 2002 in Philadelphia and Khandwalla, 2000 in Karachi showed the people with higher

knowledge have more interests to prevent genital tract infection. the result showed a significant relation between knowledge and practice. probably the personal attitude about health practice have an effective role in order to performance health behaviour so teaching programs about health according to cultural , social and economical of society can increase the level of knowledge, attitude changing and better practice so people , groups and societies can try to have and to keep healthy. The most noticeable point of this study was that most of the women claim that the difference aspects of reproductive health is related to men behaviour. Although some of men don't have enough knowledge. since men responsibility effect on their perform in society , family and women ability, so it is recommended to have researches about knowledge and men behaviour also the role of health groups in order to inform women and men to prevent genital tract infection.

5- Conclusion

In order to change in people health behaviour through education firstly it is necessary to collect enough information of health behaviour in society. health services members have an important role in increasing knowledge and improving behaviours of community in prevention of common genital tract infection.

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